

Research Plus April/May 2011

Pre-employment TB testing

Pre-employment screening for tuberculosis of 611 new healthcare employees in the US Mayo Clinic (Rochester, Minnesota) found 92.5% agreement between the standard tuberculin skin test (TST) and a whole-blood interferon-gamma release assay (IGRA). False positives were the biggest cause of disagreement (8.2% employees tested positive in the TST but only 2.0% with the IGRA). The study supports using an IGRA test on employees who test positive with the TST to reduce the risk of false-positive results in low tuberculosis prevalence populations. (In the UK, NICE recommends that positive TSTs are reconfirmed with IGRA.)

- *Journal of Occupational & Environmental Medicine* 2011; 53(3): 290–293. <http://goo.gl/cy04k>
- http://journals.lww.com/joem/Abstract/2011/03000/Preemployment_Screening_for_Tuberculosis_in_a.11.aspx

Shiftwork, nightwork and safety

This systematic review on the safety implications of shiftwork, nightwork and long hours identified 14 high-quality papers. Rotating shifts carry a higher risk than fixed shifts. The risk of accidents increases cumulatively above eight hours worked – and the probability of having an accident at 12 hours is twice as high as at eight hours. There were no observed effects of age or gender.

- *Scandinavian Journal of Work Environment & Health* 2011; online first: doi:10.5271/sjweh.3146. <http://goo.gl/sJUgZ>
- http://www.sjweh.fi/show_abstract.php?abstract_id=3146

Cancer recovery and return to work

A Cochrane systematic review (18 studies) found moderate quality evidence that multidisciplinary interventions combining physical exercises with patient education, counselling, biofeedback-assisted behavioural training, and/or vocational counselling benefited patients returning to work after cancer. Neither psychological interventions alone (moderate evidence) nor physical training alone (very low quality evidence) improve return to work.

- *Cochrane Database of Systematic Reviews* 2011; 2: CD007569. <http://goo.gl/RX470>
- <http://onlinelibrary.wiley.com/doi/10.1002/14651914.cd007569/frame.html>

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Bullying, work and mental health

Being bullied at work is associated with subsequent common mental health disorders (CMHDs) in both men and women, according to this longitudinal study of 6,830 municipal workers in Helsinki (part of the Helsinki Health Study). It identified a 5% prevalence of current bullying among both male and female employees at baseline (2000–2002). After adjusting for baseline CMHDs, compared with the 'never bullied' group, women bullied at baseline were around 60% more likely to report CMHDs at follow-up (2007). Men bullied at baseline were more than twice as likely to report CMHDs at follow-up as male workers who had never been bullied.

- *Journal of Epidemiology & Community Health* 2011; online first: doi:10.1136/jech.2010.115212. <http://goo.gl/tCW9G>
- <http://jech.bmj.com/content/early/2011/01/20/jech.2010.115212.abstract>

Workplace bullying and sleep

A second paper on workplace bullying from the Helsinki Health Study (above) looked at its impact on sleep. Around 55% of the men and women who had reported sleep problems at baseline (2000–2002) also reported them at follow-up (2007). Sleep problems at follow-up were significantly associated with being bullied at baseline or in the past; however, adjusting for health, work and social factors attenuated the associations.

- *Lallukka T, Rahkonen O, Lahelma E. Scandinavian Journal of Work Environment & Health* 2011; online first. <http://goo.gl/LihYg>
- http://www.sjweh.fi/show_abstract.php?abstract_id=3137

Adult anxiety disorder guidelines

Generalised anxiety disorder affects nearly one in 20 adults (4.4%). Updated guidelines from the National Institute of Health and Clinical Excellence (NICE) include an increased evidence base, wider choice of psychological interventions and more focused evidence for the use of selective serotonin reuptake inhibitors. Applied relaxation (teaching coping skills to promote relaxation) is included as an alternative to cognitive behavioural therapy (CBT) and more emphasis is given to patient preference on the choice of drug or psychological treatments. The stepped-care approach is slimmed down to four stages: (1) identification, assessment, education and monitoring; (2) low intensity psychological treatments based on CBT principles; (3) choice of high-intensity psychological intervention (CBT/applied relaxation) or drug treatment; (4) specialist treatment such as drug and/or psychological interventions.

- *NICE Clinical Guideline 113. London: NICE 2011.* <http://goo.gl/Cb6q4>
- www.nice.org.uk/nicemedia/live/13314/52599/52599.pdf

Empowerment training

A randomised controlled trial finds that 'empowerment training' to support workers with chronic physical disease increased 'self-efficacy' (belief about one's capabilities) in the ability to solve both work- and disease-related problems after a two-year follow-up. It also decreased fatigue symptoms. However, there was no significant effect on job satisfaction or job maintenance (which remained high in both the intervention and control groups). Participants, who were all experiencing problems at work, were randomised into either a training programme that focussed on solving work-related problems, or to a control group.

- *Scandinavian Journal of Work Environment & Health* 2011; online first: doi:10.5271/sjweh.3149.
<http://goo.gl/UomCD>
- http://www.sjweh.fi/show_abstract.php?abstract_id=3149

Participatory RTW plan

A participatory return-to-work (RTW) programme designed specifically for temporary agency workers and unemployed workers off sick due to a musculoskeletal disorder resulted in a significant improvement in RTW rate. The randomised controlled trial involved workers sick-listed for two to eight weeks. Half received usual care (which included vocational rehabilitation under the Dutch social security scheme) and half were additionally enrolled on the participatory programme, comprising the development of a stepwise consensus-based RTW plan. This included the identification of obstacles and solutions to recovery and the possibility of a temporary/therapeutic work placement.

- *Journal of Occupational Rehabilitation* 2011; online first: DOI 10.1007/s10926-011-9291-7.
<http://goo.gl/id7OS>
- <http://www.springerlink.com/content/d84362n3425r7862/>

Predictive power of previous absence

In a large prospective study, 1,542 new hospital workers (71% female, 52% nurses) took 5,138 spells and 21,250 days' medically certified absence over the study period (45,324 person-months' follow-up). A greater number of previous spells increased the probability of a future spell – particularly in relation to mental and behavioural conditions, skin disorders and diseases of the nervous system. Duration of previous absence predicted future absence duration, but only for musculoskeletal and skin conditions. Duration was also associated with recurrence.

- *International Archives of Occupational & Environmental Health* 2011: online first: DOI 10.1007/s00420-011-0620-0. <http://goo.gl/GOEDu>
- <http://www.springerlink.com/content/943452187w077117/>

Better relationships promote RTW

'Return-to-work effort sufficiency' (RTW-ES) is a measure of the efforts made by the employee and employer to support the return to work (RTW) process, and is carried out formally in the Netherlands before the assessment of disability benefits. RTW-ES is deemed sufficient if there is an effective RTW plan and the chances of return are optimised. The significant factors associated with RTW were: high education; no previous periods of disability; and a good employee–employer relationship. The only factor significantly associated with having a sufficient RTW-ES was a good employee–employer relationship.

- *Journal of Occupational Rehabilitation* 2011; online first: DOI 10.1007/s10926-011-9293-5.
<http://goo.gl/bOxID>
- <http://www.springerlink.com/content/4265226605244592/>